## North Carolina Department of Health and Human Services Office of the Controller

Your Company FY 2005-2006 Non-system Assigned - Schedule1

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		Adult Mental I	-lealth		Age	/Disability:	H0040	H0001	T1017 HE	H00031						
						Pioneer Code:		Behavioral	Case	Mental Health						
						icaid:	Community	Health	Management,	Assessment						
Type: (DC = Direct Care) (IS = Internal Staff)  MR/MI: CTSP:							Treatment Team	Assessment	valid 7/1/05-		4					
Type:	(DC = Direct Car	e) (IS = Internal Stat			CTS		(ACTT), valid		3/19/06							
Туре	Name	Title	Total Salary	Direct		Distributed	3/20/06									
			and Benefits	Assigned Distribution	Management Support	Total										
				Distribution	Support											
	Assigned FTE's															
DC	Casey, M.	Case Mgr.	\$18,758	.500	0	.500	.200	0	.300	0	0	0	0	0	0	0
DC	Chang, Im	SWII	\$40,744	1.000	0	1.000	0	0	0		0	0	0	0	0	0
DC	Gezit, H.	SWII	\$39,360	1.000		1.000	.250	.250		.500	0	0	0	0	0	0
DC	Lane, L.	SW Sup	\$38,054	.750		.750	.500	0			0	0	0	0	0	0
		Direct Care Totals:	\$136,916	3.250		3.250	.950	.250	.550	1.500	0	0	0	0	0	0
IS	Charge, N.	Prog. Mgr	\$52,890	0	1.000	1.000	0	0	0	0	0	0	0	0	0	0
IS	Lane, L.	SW Sup	\$12,684	0	.250	.250	0	0	0	0	0	0	0	0	0	0
IS	Moore, G.	QDDP	\$17,825	0	.500	.500	0	0	0	0	0	0	0	0	0	0
		Internal Staff Totals:	\$83,399	0	1.750	1.750	0	0	0	0	0	0	0	0	0	0
	A	llocated Internal Staff:					0.511538	0.134615	0.296154	0.807692	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
		Total Personnel:	\$220,315	3.250	1.750	5.000	1.462	.385	.846	2.308	0	0	0	0	0	0
								Assigne	ed Costs							
DC	Casey, M.	Case Mgr.	\$18,758	\$18,758	0	\$18,758	\$7,503	0	\$11,255	0	0	0	0	0	0	0
DC	Chang, Im	SWII	\$40,744	\$40,744	0	\$40,744	0	0	0	\$40,744	0	0	0	0	0	0
DC	Gezit, H.	SWII	\$39,360	\$39,360	0	\$39,360	\$9,840	\$9,840	0	\$19,680	0	0	0	0	0	0
DC	Lane, L.	SW Sup	\$38,054	\$38,054	0	\$38,054	\$25,369	0	\$12,685	0	0	0	0	0	0	0
		Direct Care Totals:	\$136,916	\$136,916	0	\$136,916	\$42,712	\$9,840	\$23,940	\$60,424	0	0	0	0	0	0
IS	Charge, N.	Prog. Mgr	\$52,890	0	\$52,890	\$52,890	0	0	0	0	0	0	0	0	0	0
IS	Lane, L.	SW Sup	\$12,684	0	\$12,684	\$12,684	0	0	0	0	0	0	0	0	0	0
IS	Moore, G.	QDDP	\$17,825	0	\$17,825	\$17,825	0	0	0	0	0	0	0	0	0	0
		Internal Staff Totals:	\$83,399	0	\$83,399	\$83,399	0	0	0	0	0	0	0	0	0	0
	A	llocated Internal Staff:					\$24,378	\$6,415	\$14,114	\$38,492	0	0	0	0	0	0
		Total Personnel:	\$220,315	\$136,916	\$83,399	\$220,315	\$67,090	\$16,255	\$38,053	\$98,915	0	0	0	0	0	0
								Specia	ıl Items		<u> </u>	-	-	ti.		
			Interest:	Assigned \$750	to Allocate 0	Total \$750	\$219	\$58		\$346	0	0	0	0	0	0
Rent: \$6,000						\$6,000	\$1,754	\$462		W.101 (S01)	0	0	0	0	0	0
			Fixed Assets:	\$2,000	0	\$2,000	\$585	\$154			0	0	0	0	0	0
Movable Assets: \$500					0	\$500	\$146	\$38	120		0	0	0	0	0	0
			emaining Cost:	\$19,180		\$19,180	\$5,606	\$1,476			0	0	0	0	0	0
		- C.	ersonnel Cost:	\$136,916		\$220,315	\$67,090	\$16,255	A A C	No. of Contract of	0	0	0	0	0	0
Total Reimbursement Costs - less Special Items: \$156,096 \$83						\$239,495	\$72,696	\$10,233		No. of the Avenue	0	0	0	0	0	0
Total Neithbursement Costs - less Special Items. \$100,090						φ <u>2</u> 00,430	φ12,030	ψ17,731	ψ41,233	\$101,101	U	U	U	U	U	U

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Adult Mental Health Age/Disability: Pioneer Code: Medicaid: MR/MI: CTSP:	H0040 Assertive Community Treatment Team (ACTT), valid	H0001 Behavioral Health Assessment	T1017 HE Case Management, valid 7/1/05- 3/19/06	H00031 Mental Health Assessment						
Type Name Title Total Salary and Benefits Direct Assigned Distribution Distributed Distribution Support Total	3/20/06									
		Expect	ed Units							
Direct Care FTE's	0.9500	0.2500	0.5500	1.5000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Utilization Rate	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Periodic Available Hours	0	0	0	0	0	0	0	0	0	0
Day/Night: Days Open Per Year	. 0	0	0	0	0	0	0	0	0	0
Day/Night: Hours Open Per Day	. 0	0	0	0	0	0	0	0	0	0
Day/Night:Client Staff Ratio	. 0	0	0	0	0	0	0	0	0	0
24 Hour Number of Bed	0	0	0	0	0	0	0	0	0	0
24 Hour Days Open Per Yea	- 0	0	0	0	0	0	0	0	0	0
Expected Unit Total	0	0	0	0	0	0	0	0	0	0



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		Adult Mental	Health		Ag	e/Disability:	H0040	H0001	T1017 HE	H00031			
						neer Code:	Assertive	Behavioral	Case	Mental Health			
					Me	dicaid:	Community	Health	Management,	Assessment			
CONTROL OF THE CONTRO						R/MI:	Treatment Team	Assessment	valid 7/1/05-				
Type: (DC = Direct Care) (IS = Internal Staff)					CT	SP:	(ACTT), valid		3/19/06				
Туре	Name	Title	Total Salary	Direct	Internal	Distributed	3/20/06						
	1101110	11110	and Benefits	Assigned	Management	Total							
				Distribution	Support								

Non-Personnel Adjustments						
Total Non-personnel:	\$28,430					
Contract Affiliate:	0					
Fixed Assets to be Dep.:	0					
Movable Assets to be Dep:	0					
Out Of Compliance Amounts:	0					
Mortgage Payments:	0					
Other Adjustments (Explain):	-\$2,500					
Contract Production Expenses	0					
Single County Administration:	0					
Net Total Adjusted Non-Personnel Total:	\$25,930					

Expense Center Summary	
1XX Personnel Services:	\$220,314
2XX Supplies & Materials:	\$8,130
3XX Current Obligations & Services:	\$10,500
4XX Fixed Charges & Other:	\$9,800
5XX Capital Outlay:	0
6XX Contracts. Grants & Subs.:	0
The state of the s	0
8XX Transfers, Etc.:	0
Total:	\$248,744